

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 677

FILED DEC 6 1962
1. PLACE OF DEATH
a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia Length of stay in lb OR TOWN 11 hrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U of Missouri Med. Cent. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Camden

c. CITY OR TOWN Climax Springs Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED First Middle Last
(Type or print) Paul David Clark

4. DATE OF DEATH Month Day Year
November 30, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/30/62

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Columbia, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Delbert Eugene Clark

13b. MOTHER'S MAIDEN NAME
Gayle Virginia Jarvis

14. NAME OF HUSBAND OR WIFE
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT Address
Mother - Mrs Delbert Clark, Climax Springs

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory insufficiency INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs.
DUE TO (b) Hyaline membrane disease 8 1/2 hrs.
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from birth to death and last saw her alive on 11-30-62.
Death occurred at 1 30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Harold P. Zepher M.D.

22b. ADDRESS UMMC - Columbia, Mo 22c. DATE SIGNED 11-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Dec 2nd 1962

23c. NAME OF CEMETERY OR CREMATORY
Dority Cemetery

23d. LOCATION (City, town, or county) (State)
Climax Springs Mo

24. FUNERAL DIRECTOR ADDRESS
Robert H. Reed (Camden Mo)

25. DATE RECD. BY LOCAL REG.
Dec 1 1962

26. REGISTRAR'S SIGNATURE
Mrs R E Palmer

USE BLACK INK.
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.